

Dear Rep. Abercrombie,  
I have included my testimony for the upcoming Public Hearing on December 17th. I attended the family forum in October and the main reason given for this change was an increase in protective services for the elderly referrals. I asked if they planned to extend protective services to the entire life span from 18 year olds on. I was told there is no plans to change. I look forward to seeing you at the public hearing.

Thank you for all your assistance.

Dominic

Dear Rep. Walker, Rep. Abercrombie, Senator Moore, Senator Bye and members of the Human Services and Appropriations Committees.

I am here to testify against the Department of Social Services proposal to privatize the case management functions that are currently provide by state social workers. I attended the family forum with the department in October of 2015. In the forum all family participants expressed that their top priority was for any person providing case management functions for the Brain Injury Waiver participant was to have community based experience working with this population. We also noted the Departments experiment with a case management organization for Danbury area waiver participants was an abject failure due to the lack of brain injury experience. In the RFP that the Department has put forth I find limited reason to believe these issues will be addressed. There is a potential for severe disruption to the entire populations continuity of care. Here are the major concerns:

1. The program is currently in disarray due to the multitude of waiver amendments, new provider requirements, and a failure to properly manage the transition of Money follows the person, DMHAS and waitlist participants into the Slots on the ABI waiver II program.
2. The lack of brain injury experience that will be required of the private case management organization. The Departments RFP only mentions that case manager's will have the capability of becoming brain injury specialists. This is a process that takes time and has a requirement of direct community based experience. New case managers will be getting on the job training and have no support in managing over 450 complicated cases. In order for Cognitive Behaviorists, Independent Living Skills Trainers to work with brain injured clients they must have community based direct experience to become qualified providers. The RFP only requires that Case Managers be Masters Level social workers. There are no MSW programs that focus on Brain Injury.
3. Current DSS social workers provide continuity that won't be available from a Private Provider. We have long term relationships with DSS social workers who have worker with participants for years. DSS social workers have the experience and are committed long term to the state. Brain Injury waiver participants need

consistency to ensure they continue to get appropriate services rather than having case switched around on a frequent basis or an organization that is dependent on the DSS to renew a contract.

4. A lack of Brain Injury experience and contractual purse strings will lead to Case Managers that are beholden to the leadership of DSS instead of focusing on the Person Center Planning Process. In the experiment with CCCI case management service in Danbury inexperienced led to case managers afraid to trust the Team process and constantly fearing that DSS management would need to be consulted. This is neither person centered or conflict free. The DSS social workers are unionized and don't have the same constraints as they have direct managers that have years of Brain Injury experience and focus on waiver participants.

5. If there are disagreements over services there will be another layer of management to negotiate before getting a fair hearing. In the RFP it is written that participants will have to deal with the private organization prior to bringing a complaint to the department and on the states fair hearing process. This is also an issue of civil right as it involves due process.

My suggestion for the State, if there is no choice but to move forward with this proposal is for it to be focused on the ABI waiver II and allow private case management organizations to gain experience and become familiar with our population. This will allow for minimal disruption and provide the safety to current waiver participants. The majority of the States work is focused on new referral's and getting new participants programs up and running not maintaining current participants. This will allow for the Case Management providers to develop the infrastructure and at the end of the contract if there is still a need then ABI I waiver participants could slowly be transitioned once if all of the above concerns have been addressed.

Thank you for your time and consideration with regards to this amendment.

Sincerely,

Dominic M. Cotton, MHA